#### Case 06-70073 Doc 49 Filed 09/28/07 Entered 09/28/07 09:45:57 Desc Main

# Document Page 1 of 2 United States Bankruptcy Court of the

### **Northern District Of Illinois Western Division**

Trustee's Final Report

In Re: ROBERTA J. KLINEFELTER

316 W. HURLBUT STREET BELVIDERE, IL 61008

SSN-xxx-xx-9109

Case Number: 06-70073

Case filed on: Plan Confirmed on: 1/23/2006 4/7/2006

D Dismissed

Total funds received and disbursed pursuant to the plan: \$3,192.12

Detail of Disbursements below:

	Total funds received and disbursed pursuant to the plan: \$3,192.12			Detail of Disbursements below:		
Claim #	Name of the Claimant	Claimed by the Creditor	Allowed by the Court	Principal Paid	Interest Paid	
772	CLERK OF U.S. BANKRUPTCY COURT Total Administration	141.75 141.75	141.75 141.75	141.75 141.75	0.00 0.00	
000	BALSLEY & DAHLBERG LLP Total Legal	2,700.00 2,700.00	2,700.00 2,700.00	1,120.45 1,120.45	0.00 0.00	
999	ROBERTA J. KLINEFELTER Total Debtor Refund	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	
001	BLACKHAWK STATE BANK Total Secured	5,500.00 5,500.00	5,000.00 5,000.00	1,503.75 1,503.75	254.29 254.29	
001	BLACKHAWK STATE BANK	0.00	500.00	0.00	0.00	
002	HEIGHTS FINANCE	1,777.64	1,777.64	0.00	0.00	
003 004	ROYCE FINANCIAL SECURITY FINANCE	540.00 0.00	540.00 0.00	0.00 0.00	0.00 0.00	
004	ADVANCE AMERICA	0.00	0.00	0.00	0.00	
006	ASPIRE VISA	964.68	964.68	0.00	0.00	
007	BELVIDERE CLINIC	0.00	0.00	0.00	0.00	
800	BERIATRIC TREATMETN CENTER	100.00	100.00	0.00	0.00	
009	BLACKHAWK STATE BANK	0.00	0.00	0.00	0.00	
010	CAMELOT RADIOLOGY	0.00	0.00	0.00	0.00	
011	CAPITAL ONE	0.00	0.00	0.00	0.00	
012 013	CASH ASAP CBCS	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	
013	CHECK N GO OF ILLINOIS	0.00	0.00	0.00	0.00	
015	CHECKS FOR CASH	0.00	0.00	0.00	0.00	
016	COMMONWEALTH EDISON COMPANY	0.00	0.00	0.00	0.00	
017	CREDITOR SERVICES	0.00	0.00	0.00	0.00	
018	CREDITORS PROTECTION SERVICE	0.00	0.00	0.00	0.00	
019	SWEDISH AMERICAN HOSPITAL	318.54	318.54	0.00	0.00	
020 021	FINGERHUT CREDIT ADVANTAGE PREMIER BANKCARD/CHARTER	1,534.62 634.72	1,534.62 634.72	0.00 0.00	0.00 0.00	
021	FREEPORT EYE DOCTOR	0.00	0.00	0.00	0.00	
023	MUTUAL MANAGEMENT SERVICES	1,502.05	1,502.05	0.00	0.00	
024	NICOR GAS	535.97	535.97	0.00	0.00	
025	B-LINE LLC	903.30	903.30	0.00	0.00	
026	OSF LIFELINE AMBULANCE	0.00	0.00	0.00	0.00	
027	OSF ST ANTHONY MEDICAL CENTER	459.00	459.00	0.00	0.00	
028 029	PHYSICIANS IMMEDIATE CARE PROVIDIAN	0.00 0.00	0.00 0.00	0.00 0.00	0.00 0.00	
030	PSYCHIATRIC CLINIC OF NO. IL.	0.00	0.00	0.00	0.00	
031	R. MARK LINDMAN DDS	0.00	0.00	0.00	0.00	
032	ROCKFORD HEALTH PHYSICIANS	0.00	0.00	0.00	0.00	
033	ROCKFORD HEALTH SYSTEMS	0.00	0.00	0.00	0.00	
034	ROCKFORD PSYCHIATRIC MEDICAL	0.00	0.00	0.00	0.00	
035	B-LINE LLC	2,089.65	2,089.65	0.00	0.00	
036 037	ST. ANTHONY MEDICAL CENTER SUPERIOR AIR GROUND AMBULANCE SERVICE	0.00 = 470.00	0.00 470.00	0.00 0.00	0.00 0.00	
038	SWEDISH AMERICAN HOSPITAL	0.00	0.00	0.00	0.00	
039	TEDS APPLIANCE	0.00	0.00	0.00	0.00	
040	THE SLEEZER HOME	0.00	0.00	0.00	0.00	
041	UIC CLINICS	0.00	0.00	0.00	0.00	
042	CHARLES KLINEFELTER	0.00	0.00	0.00	0.00	
043 044	MUTUAL MANAGEMENT SERVICES ROCKFORD GASTROENTEROLOGY	0.00	0.00 0.00	0.00 0.00	0.00 0.00	
044 045	CHECK IT	0.00 75.50	75.50	0.00	0.00	
045	ROCKFORD MERCANTILE AGENCY INC	5,185.84	5,185.84	0.00	0.00	
047	AMCORE BANK, NA	0.00	0.00	0.00	0.00	
048	HIP AND THIGH SCULPTOR/BODY BY JAKE	0.00	0.00	0.00	0.00	
049	PORTFOLIO RECOVERY ASSOC, LLC	0.00	0.00	0.00	0.00	
050	PRAIRIE STATE BANK	0.00	0.00	0.00	0.00	

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# Document Page 2 of 2 United States Bankruptcy Court

## of the

### Northern District Of Illinois Western Division

051	ROCKFORD GASTROENTEROLOGY ASSOC.	0.00	0.00	0.00	0.00
052	SAFEWAY, INC.	0.00	0.00	0.00	0.00
053	TRS RECOVERY SERVICES	0.00	0.00	0.00	0.00
054	WINTER AND ASSOCIATES PROPERTY	0.00	0.00	0.00	0.00
	Total Unsecured	17,091.51	17,591.51	0.00	0.00
	Grand Total:	25,433.26	25,433.26	2,765.95	254.29

Total Paid Claimant: \$3,020.24 Trustee Allowance: \$171.88 Percent Paid Unsecured: 0.00

Wherefore, your petitioner prays that a final Decree be entered discharging the trustee and the trustee's surety from any and all liablility on account of the within proceedings, and closing the estate, and for such other relief as is just. Pursuant to FRBP, I hereby certify that the subject case has been fully administered.

Report Dated:

\_/s/ Lydia S. Meyer Lydia S. Meyer, Trustee

This is to certify that a copy of this notice has been mailed to the debtor and the debtor's attorney.

Dated at Rockford, IL on 09/27/2007

By /s/Heather M. Fagan